

**STATE OF NEW YORK  
PUBLIC EMPLOYMENT RELATIONS BOARD  
UNFAIR LABOR PRACTICE CHARGE - FARM LABORERS  
[WWW.PERB.NY.GOV](http://WWW.PERB.NY.GOV)**

File an original and three (3) copies of this charge with the Director of Employment Practices and Representation, Public Employment Relations Board, PO BOX 2074, ESP AGENCY BLD 2, FL18-20, ALBANY, NY 12220-0074. If more space is required for any item, attach additional sheets, numbering each item accordingly.	<b><u>DO NOT WRITE IN THIS SPACE</u></b>  <b>Case No.:</b>  <b>Date Received:</b>
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1. Name of employer	Telephone
2. Address of employer (including Zip Code)	
3. Address at which alleged unfair labor practices occurred	
4. General nature of business	
5. Approximate total number of employees, if known	6. Number of employees involved in alleged unfair labor practices
7. Nature of work done by employees involved	

**CHARGE**

8. Pursuant to Section 706 of the New York State Employment Relations Act, the undersigned hereby charges that the above-named employer has engaged in and is engaging in unfair labor practices within the meaning of Section 704 and/or 704-b of said Act, in that ( Specify the particular alleged violation, with a brief statement of the facts supporting the charge, use additional sheet(s) if necessary. You must also identify the subsections of Sections 704 and/or 704-b of the Act which are alleged to have been violated and include all the facts required by Section 252 of the Private Sector Rules of Procedure available at our website.)

STATE OF NEW YORK

**SS.:**

CITY OF

COUNTY OF

Name of person or labor organization making the charge  
(If made by a labor organization, give the name and  
official position of the person acting for the organization.)

.....being duly sworn,  
deposes and says that he/she has read the foregoing charge and knows the  
contents thereof: that the same is true to his/her own knowledge, except as to  
the matters therein stated to be alleged on information and belief, and as to  
those matters he/she believes to be true.

.....

.....

(Signature)

.....

(Signature)

Address.....

(Include Zip Code)

Sworn to before me

this day of 20

Telephone No .....

Fax No: .....

Email: .....

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